

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

CIVIL ACTION  
NO.: 05-10088 MBB

**AFFIDAVIT OF NOTICE PURSUANT TO M.G.L. c. 233, Section 79G**

I, David P. Angueira, Esquire, being duly sworn, hereby depose and say as follows:

1. I am one of the attorneys for the Plaintiff in the above-captioned matter.
2. I hereby make oath that I gave at least ten (10) days notice by certified mail pursuant to M.G.L. c. 233, §79G of Plaintiff's intention to introduce the following certified medical records and bills:
  1. Medical records and bills from Michael Ackland, M.D.;
  2. Medical records and bills from Nantucket Cottage Hospital;
  3. Medical records and bills from Robert Constant, M.D.;
  4. Medical records and bills from Eric Schertzer, M.D.;
  5. Medical records and bills from Norman Mann, M.D.;
  6. Medical records and bills from Kenneth Burke, M.D.;
  7. Medical records from Kenneth Selbst, M.D.;
  8. Medical records from Hubert Rosomoff, M.D.;
  9. Medical records from Ronald S. Wagner, M.D.; and
  10. Medical records from Paul Flaten, M.D.
3. The certified mail return receipt is attached herewith to a copy of the letter sent to all counsel of record.

SIGNED under the pains and penalties or perjury, this 8<sup>th</sup> day of November, 2007.

/s/ David P. Angueira

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David P. Angueira

**CERTIFICATE OF SERVICE**

I, David P. Angueira, Esq. do hereby certify that the foregoing document was served on the following counsel on this date and in the manner specified herein:

Electronically Serviced Through ECF:

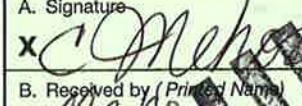
Terrence Kenneally, Esq.  
Clinton & Muzyka  
1 Washington Mall  
Boston, MA 02108

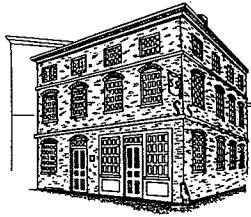
This 8<sup>th</sup> day of November, 2007.

/s/ David P. Angueira

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David P. Angueira

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p>B. Received by (Printed Name) <i>Me No</i></p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <i>3237</i></p>	
<p>1. Article Addressed to:</p> <p>Terrence Kenneally Clinton and Muzyna 1 Washington Mall Boston, MA 02108</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.       </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 2760 0001 2935 4901</p>		<p>PS Form 3811, February 2004</p>	
		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	



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November 2, 2007

**VIA CERTIFIED MAIL/RRR**

Terrence Kenneally, Esq.  
Clinton & Muzyka

1 Washington Mall  
Boston, MA 02108

RE: Evans v. Nantucket Community Sailing, Inc.

Dear Attorney Kenneally:

In connection with the above-referenced, please find the following list of health care providers' medical records and bills we intend to introduce at trial pursuant to M.G.L. c.233 §79G:

1. Certified medical records and bills from Michael Ackland, M.D.;
2. Certified medical records and bills from Nantucket Cottage Hospital;
3. Certified medical records and bills from Robert Constant, M.D.;
4. Certified medical records and bills from Eric Schertzer, M.D.;
5. Certified medical records and bills from Norman Mann, M.D.;
6. Certified medical records and bills from Kenneth Burke, M.D.;
7. Certified medical records from Kenneth Selbst, M.D.;
8. Certified medical records from Hubert Rosomoff, M.D.;
9. Certified medical records from Ronald S. Wagner, M.D.; and
10. Certified medical records from Paul Flaten, M.D.

Please note that we have previously provided your office with copies of these records and bills and/or executed authorizations allowing for the release of same. If you do not have any of these medical records and bills, please let me know and I will provide them to you. Should you have any questions regarding this matter, please not hesitate to contact me.

Yours truly,

David P. Angueira

DPA:jh